



All Wales Guideline for Primary Care Management of Bronchiolitis

Diagnosis

- Age <1 year
- A coryzal prodrome lasting 1 to 3 days
- Persistent cough
- Tachypnoea and/or chest recessions
- Crackles and/or wheeze

- Children age 1-2 years may also contract RSV bronchiolitis and should be managed similarly to infants
- COVID infection is unlikely to cause severe disease in children
- IPC precautions apply to all patients with respiratory infection
- Always take parental and caregiver concerns into account

Alternative Diagnosis

High Fever ($>39^{\circ}\text{C}$, or $>38^{\circ}\text{C}$ in age $<3/12$)

Poor capillary refill

Think bacterial infection:

- Pneumonia
- Sepsis
- Meningitis

Review

NICE NG143 Guideline: Fever in under 5s

Traffic light system for serious illness

Initial Assessment

- **Recommend face to face assessment to make diagnosis and assess severity**
- **Include oxygen saturation monitoring in your assessment**
- Consider remote assessment with safety netting (and direct to patient advice sheet) but offer all children a face to face assessment and see all children where the parent requests it

Oxygen sats $>92\%$

Mild

- Oxygen sats $>92\%$
- Mild respiratory distress
- Feeds $>75\%$ normal
- Wet nappies

Use clinical judgement
Advice from paediatrician
Consider hospital review

- Oxygen sats 92-94%
- Early stages of illness (D1-3)
- Risk factors for severe disease
- Difficult social circumstances
- Low skills/ confidence in carer
- <4 weeks of age
- Previous respiratory admission

Criteria for discharge home

- Oxygen sats $>92\%$ (awake and asleep)
- Recently completed oral feed
- Oral intake $\geq 75\%$ normal
- Explain diagnosis
- Refer to patient advice sheet
- Explain expected time course for disease
- Discuss red flags suggesting deterioration
- Address parental smoking
- Think "safeguarding"
- Consider follow-up to monitor disease progress in 24-48 hours

Patient advice page and leaflet



Oxygen sats $\leq 92\%$

Moderate

- Oxygen sats $>92\%$
- Moderate respiratory distress
- Feeds 50-75% normal
- Decreased wet nappies

Severe

- Oxygen sats $\leq 92\%$
- Severe respiratory distress
- Feeds $<50\%$ normal
- Lethargic and tiring
- Apnoeas

Apnoeas may be the only clinical sign of bronchiolitis in young infants. Always consider alternative diagnoses.

Minimal handling
Oxygen to maintain sats $>92\%$

Ambulance transfer
to hospital

Hospital review

Risk factors for severe disease

- Congenital heart disease
- Chronic lung disease
- Preterm (born <32 weeks gestation)
- Neuromuscular disorder
- Immunodeficiency

Low threshold for admission and individualised management plan

Respiratory distress

Mild

- Minimal chest recessions
- Tachypnoea
- <50 breaths/min age <1 yrs
- <40 breaths/min age 1-2 yrs

Moderate

- Moderate chest recession
- Nasal flare
- Tachypnoea
- >50 breaths/min age <1 yrs
- >40 breaths/min age 1-2 yrs

Severe

- Severe chest recession
- Expiratory grunting
- Use of accessory muscles
- Tachypnoea
- >60 breaths/min

Evidence-based medicine

Bronchiolitis does not respond to:

- Hypertonic saline
- Bronchodilators
- Anticholinergics
- Inhaled steroids
- Oral steroids